

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555857	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER OAKVIEW SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP 3557 CAMPUS DR THOUSAND OAKS, CA 91360	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to initiate a care plan (a plan that provides direction for individualized care of a resident) for one of three sampled residents (Resident 2) when Resident 2 made an allegation of abuse. This failure had the potential for a lack of continuity of care for Resident 2 during a time of crisis. Findings: During a review of the facility's policy and procedure (P&P) titled, Elder Abuse Prevention, Identification, Investigation, and Reporting, dated 10/30/15, the P&P indicated during the investigation of a report of abuse The Community nursing staff conduct post-allegation, 72 hour monitoring and documentation. During a review of the facility's policy and procedure (P&P) titled, Change of Condition Guidelines, dated 8/19/19, the P&P indicated a change of condition includes, .a significant change in the resident's physical/emotional/mental condition. During a review of the facility's policy and procedure (P&P) titled, Care Planning, dated 9/2013, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial (relating to the interrelation of social factors and individual thought and behavior) and functional needs is developed and implemented for each resident .the interdisciplinary team must review and update the care plan: when there has been a significant change in the resident's condition. During a concurrent interview and record review, on 3/3/20, at 1:50 p.m., with the director of nursing (DON), the DON was unable to find a care plan specific to Resident 2's allegation of abuse. The DON stated, An abuse allegation is a significant change. A care plan is a communication form. I do believe the care plan should be done. The DON was unable to find social services notes documenting 72 hour monitoring of the psychosocial well-being of Resident 2 after the allegation of abuse was made.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.